N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

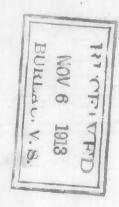
Village or City Not Very Bloom	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 268 St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale Colored (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw haralive on Oct 11 1913
1 day hrs.	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER DELLE Bloodewath 11 BIRTHPLACE (State or country) Townset Co 12 MAIDEN NAME OF Mother Molfie Country 14 MOTHER Molfie Country 15 MAIDEN NAME OF Mother Molfie Country 16 MOTHER Molfie Country	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence
Address) 15 Filed Act 1913 Park Marsh Local Registrar Registrar, 6 E.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER Dashville 22 Pooless Emplin St. Police Percenter T. S. V.
	erangin St., Baito., Kequesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinospinal cause of lungs, meninges, peritonaeum, etc...

cause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the genitai," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acct The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:



RECORD PERMANENT BINDIN E SO item 9

SICIANS should OCCUPATION IS back piain Instructions 5 of inform DEATH mportant. Every It 0

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred in St.;....Ward) a hospital or institution, give its NAME instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, DATE OF DEATH MARRIED, WIDOWED, Vidono . 1913 (Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Month) (Day (Year) TAGE if LESS than 1 day,....hrs. The CAUSE OF DEATH* OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. State yrs. ____ ds Where was disease confracted. 14 THE ABOVE if not at place of death? Former or usual residence. 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the The coutributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



MARGIN RESERVED FOR BINDING

S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. should be UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH N. B.-Every item of information should be CAUSE OF DEATH in piain terms, s Important.

1	PLACE	OF	DEAT

Somest 142

14285

V

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 264

.St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of stree1 and number.]

FULL NAME Annie Collin

	PERSO	NAL AND STATISTIC	CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	emale	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wo	Widas	16 DATE OF DEATH (Month) (Day (Year) 17 [HEREBY CERTIFY. That Lattended deceased from
6 DA	TE OF BIRTH	the later with the same	LACOUAL (Day	, /(Year)	17 I HEREBY CERTIFY, That I attended deceased from July 22 1913, to 545 30 1913, that I last saw h.l. alive on 345 30 1912
TAG		70 yrs.		if LESS than	and that death occurred on the date stated above, at
(a) par (b)	CUPATION Trade, profession, tlcuiar kind of wo Generat nature o	, or orkf industry,		(MM 00000000000000000000000000000000000	Paralysis
Whic	ness, or establich employed (or e RTHPLACE (State or coun	employer)	usit Co	······································	Gontributory Dendral Hemanhage Secondary
TS	10 NAME OF FATHER	Alfred	Mandy	3	(Signed) G. W. Gill , M. D. (Oct 24, 1913. (Address) Mandain Md.
PARENT	OFFATH	r country) Sou	track the	20.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
		ACE IER r country) S ~	newst C		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
	Informant)	Julius	Ballas	LEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
16 File	(Address)	Mano 4 19113 9,	E. Die	REGISTRAS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oct 25, 1913. 20 UNDERTAKER ADDRESS
	1	If more blanks a	ire needed, addre		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Coutributory." scpsis, tetanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a dcfinite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



V. S. No. 1.

	PLACE OF DEATH 14286
	Vomensel-
	,
iilage	or City for James Thru (No.
	FULL NAME VENGES DEN
	PERSONAL AND STATISTICAL PARTICULARS
SEX	4 COLOR OR RACE 5 SINGLE,



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[It death occurred in a hospital or institution, give tts NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	, 191, to, 191,
(Month) (Day (Year	American .
TAGE If LESS to the state of	The CAUSE OF DEATH* was sa follows:
OCCUPATION (a) Trade, protession, or particular kind of work.	A Tilled by falling bu
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds
10 NAME OF FATHER	(Signed) I much , M.D.
OF THE STATE OF STATE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) Whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At piece In the of death yrs mos ds. State yrs mos ds
(Interment) The ABOVE IS THUE TO THE DEST OF MY KNOWLEDGE	Where was disease contracted, the notat place of death? Former or usuat residence
(Address) Princeis Theyse In	Junes Orena Gelgle, 1913
Filed Och 9th, 1913 To much	20 UNDERTAKER ADDRESS
If more blanks are needed, address State I	Registrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various parsults can be known. The question tion is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the oecupations gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. "Foreman,"

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Inmor" for maligmia," "Puerreeral neritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage." "luanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffectiou need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cunture of the American Medical Association.) eause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head lujury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For vioeanse. etc., when a definite discase can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhanstion," Never report



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

W. S. No. 1.

N. B.

PLACE OF DEATH 14287	STATE OF MARYLAND CERTIFICATE OF DEATH
County Something	Registration Dist. No. 2659
* FULL NAME ROLL (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH NOT Know by any Relation	(90) 8 1912 to 901 24 1913,
TAGE (Month) (Day) (Year) If LESS than f day,hrs. ORmin.? B OCCUPATION (a) Trade, profession, or particular kind of work. Sulcher Which Sulcher Particular kind of work.	and that death occurred on the date stated above, at 10 ll m, The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, Buying & Belling Meals business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland	Contributory (Secondary)
11 BIRTHPLACE (State or country) Domest Co. Md. 12 MAIDEN NAME OF MOTHER Surely David.	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Soulist G., Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds.
(Intermant) Ans. John Dise (Address) Crisfield, And.	Where was disease contracted, If not at place of death? Former or usual residence
Flet Cl 30 Th, 191 26 Cholline	29 UNDERTAKER SAUSON ADDRESS CUSTERED . M.
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerit should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—In all safection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.: injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accinant ncopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent (name origin; "Can Never report Examples:

If this certificate is looked over thoroughly and all gneations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 1918
EUREAU, V.S.

PHYSICIANS RECORD ENT PERMAN QUION 0 Z O DIN UNF AINL

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Instructions Information

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certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. 1913 WIDOWED, (Month) (Dav) (Year) Write the word I HEREBY CERTIFY, That I sttended deceased from 6 DATE OF BIRTH (Day) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day. 45 hrs. The CAUSE OF DEATH * was as follows: ...mos. _____ ds. 8 OCCUPATION (a) Trada, protession, or narticular kind of work... (b) General nature of Industry, business, or establishment in (Ouration) yrs. mos which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) a, 191cz 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State yrs. mos. yrs. mos. ds. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL DATE OF BURIAL 15 26 UNDERTAKER ADDRESS Af more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an applies to each and every person, irrespective of age mine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," If the occupation has For persons (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. chlidbirth or miscarriage. as "Puerperal septichaeetc., when a definite disease can be ascertained as the genltal," "Senife." etc.), "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not he stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for malig "Heart failure," "Hacmorrhage," "Inanition," "Maras The contributory "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can-State cause for Never report Examples:



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state PEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT BINDING 4 WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, B.—Every Item CAUSE OF I

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County Somusif 14289 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 268	
Village or City No. / 28. St.; Ward) 2FULL NAME 2FULL NAME 1 If death occ a hospital or in give its NAME of street and minutes and minutes and minutes are street are street are street are street and minutes are street and minutes are street are str	istitution, Instead
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Mule Colour On One of the Warmedown 17 I HEREBY CERTIFY. That I attended decease	191J (Year)
(Month) (Day (Year) that I last saw h. Qualive on Oct 10"	, 191.ž, ., 191.ž
TAGE It LESS than t day,hrs. or min.? and that death occurred on the date stated above, at	9 m.
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in bead Reaches (Duration) yrs. mos.	,ds,
State or country Source (State or country Secondary Secondary (Duration) A yrs C/mos	ds
FATHER DELINOVA 7 fandy (Signed) Tes B. Sterrer Com	M. D.
*State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether A OF MOTHER	Acciden-
13 BIRTHPLACE OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place of death	
Where was disease contracted, It not at place of death? (Informant) Catherine Cones Former or usual residence.	
(Address) 19 place of Burial or REMOVAL DATE OF BURIA 16 Filed Oct 13 1913 Lip 13 Horns 20 UMBERTAKER ADDRESS	AL ., 191.3.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," ctc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcasles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligdent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-The contributory (secondary or intercurrent) (Recommendations on statement of Chronic interstitial nephritis, State cause for



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. I GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.

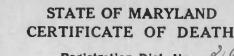
N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so

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PHYSICIANS should state of OCCUPATION is very

RECORD

'PLACE OF DEATH 14290



Registration Dist. No. 26

St :----Ward)

[If death occurred io a hospital or institution, give its NAME instead of street and number.

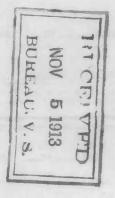
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)	
6 DA	ATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from Sept 25, 1913, to 0 to 16, 1913	
	(Month) (Day (Year)	that I last saw harra allve on 21 25 1913	
7 AG	if LESS than 1 day,hrs. 2 mos. 6 ds. OR min, ?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:	
(a)	CCUPATION Trade, profession, or ticular kind of work	Shangulation from	
busi	General nature of industry, ness, or establishment in ch employed (or employer)	(Duration) yrs. / mos. ds.	
9 B1	RTHPLACE (State or country) Someset &	Contributory Secondary (Doration)yrsmosds	
	10 NAME OF Algie Wolland	(Signed) G. W. G.LD , M. D.	
ENTS	11 BIRTHPLACE OF FATHER (State or country) Somewhat Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
AR	12 MAIDEN NAME OF MOTHER NAME NAME NAME NAME NAME NAME NAME NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.	
α.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place in the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,	
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE INFORMANT) Algree Holland	If not at place of death? Former or osual residence	
15	(Address) Fdirmonds Hd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oct 16 ,1913	
File	Oct 16 1913 Mrs 9. E. Luckinson		
		strar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, For persous "Foreman,"

lesis pneumonia"); brospinal meningitis"); Diphtheria ("Pneumonia," unqualified, is indefinite): Tubcreutime and causatiou), using always the same accepted causing death (the primary affection with respect to "Croup";) fever (the only definite synonym is "Epidemic cereterm for the same disease. Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., Typhoid fever (never report "Typhoid Lobar pneumonia; Bronehopneumonia Examples: Cerebrospinal (avoid use Carcin-

> uant neoplasms); Measles; Whooping eough; Chronio cause of death approved by Committee on Nomencla "Coutributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Seuile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less defluite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of Never report For VIO-



14291	
1 PLACE OF DEATH	STATE OF MARYLAND
County Sommuset	CERTIFICATE OF DEATH
County	Registration Dist. No. 264
Village or City Wyfu Hairmannot	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h. 1912, to
7 AGE 18 yrs mos 17 ds, OR min.?	and that death occurred on the date stated above, at $7.30\mathrm{\AAm}$, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	(Duration) yrs. mos 21 ds.
9 BIRTHPLACE (State or country)	ContributorySeeondary
10 NAME OF Thomas Walland	(Signed) G, W, Gall , M. D.
V 11 BIRTHPLACE OF FATHER (State or country) Samuel Co	*State the DISEASE CAUSING DEATH, OF IN deaths from VIOLENT
of MOTHER Clizabeth Walland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Somusat Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds. State yrs, mos ds
(Informant) Manage Walland	Where was diseasa contracted, If not at place of death? Former or Usual residence
(Address) Wallen Fair manut	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oct 22 1913
Filed Och 21 TI. 1913 Allow 9. E. Dickerson	20 UNDERTAKER ADDRESS
A Section Control of the Control of	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when ueeded. As examples: essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds .: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cau-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tctanus) (Recommendations on statement of may be stated under the head Never report



202

PLACE OF DEATH	STATE OF MARYLAND
County Somesset	CERTIFICATE OF DEATH Registration Dist. No. 26
Village or City happen Fairmenut No	St.; Ward) [It death of a hospital or give its NAM of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Uck 27 (Month) (Day
d DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decea
May 26 , 1840 (Month) (Day (Yehr)	that I last saw h. LA alive on June 30
73 yrs 5 mos / ds. OR min.?	
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	Obranchial Asthma (Duration) 6 yrs 8 mos
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF GLOGE Wandy	(Signed) G. W. Gill Oct 27, 1913 (Address) Manahin M
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR
13 BIRTHPLACE OF MOTHER (State or country) Somerset Co	OR RECENT RESIDENTS) At place in the ot death yrs, mos ds. State yrs, mos. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Daniel Halland	it not at place of death? Former or osual residence
(Address) Medder of amount	19 PLACE OF BURIAL OR REMOVAL DATE OF BUR With Farmand Oct 28
Filed Oct 27 1913 R. Olick wow	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

14292

MARYLAND OF DEATH

Dist. No. 264

[It death occurred in a hospital or institution, give Its NAME Instead ot street and number.]

DATE OF BURIAL

16 DATE OF DEATH	Uct	27	1913
### 0000000000000000000000000000000000	(Month)	(Day	(Year)
17 I HEREBY	CERTIFY, That	I attended o	cceased from
32.14	0	+ 8	1814
that I last saw h.&Ar al	ive onAus	u 30	, 1912
and that death occurred	0		7 1
and that death occurred	on the date state	d above, at	
The CAUSE OF DEATH*	was as follows:		
	,		
3222 C	L. S. A.F.	T4	
	Y. Y. S.	MANA	***************************************

***************************************	(Duration)	0 Vrs. 8	mas ds
Contributory		************	
	(Bandla)		
A	(Doration)	yrs	osds
(Signed) 4	W. gil	L	. M. D
Oct 27,1913 (
	Address) / V\ a	u orana	Ma
*State the DISEASE C CAUSES, state (1) MEA	AUSING DEATH, O	r, in deaths	from VIOLENT
TAL, SUICIDAL, OF HOMI	CIDAL.	ind (2) whe	ther Acciden-
18 LENGTH OF RESIDEN	CF (FOR MOSPITAL	Laconomic	
OR RECENT RESIDENTS)	on HoorHALI	, s 111 U 110N	, IRANSIENTS

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

__ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection necd not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of Never report



RECORD PERMANENT BINDING 4 IS FOR UNFADING INK-THIS RESERVED MARGIN PLAINLY, WITH WRITE

> No. 7/2

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14293 state Very PHYSICIANS shoul Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, ORDIVORCED 8 DATE OF BIRTH ciassified. be (Month) (Day TAGE pinous properly AGE BOCCUPATION (a) Trade, protession, or particular kind of work. supplied. pe (b) General nature of industry, business, or establishment in may which employed (or employer) ----of certificate. 9 BIRTHPLACE (State or country) carefully that 10 NAME OF FATHER 0 be DEATH in plain terms, see Instructions on back PARENTS 11 BIRTHPLACE Every item of information should CAUSE OF DEATH in plain terms OF FATHER (State or country) 12 MAIDEN NAME See Instructions OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS important. (Address).....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .:Ward)

if death occurred in a hospital or institution. give its NAME instead of street and number.]

		_
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
COLOR OR RACE SINGLE, MARRIEO, WIDOWEO, WIDOW	16 DATE OF DEATH / 0 - /8 , 191. (Month) (Day (Year)	
vlend ORDIVORCED (Write the word)		_
	17 I HEREBY CERTIFY, That I attended deceased from	om
	10-18 1912 to 11-18- 191	2
(Month) (Day (Year)	that I last saw har allve on 11-18-,191	2-
It LESS than	and that death occurred on the date stated above, at 80	m,
1 day,hrs. ORmin. ?	The CAUSE OF DEATH * was as follows:	
	no Dr in allendan for about	4
Ha		
VVouteur	2. J. adam LA	
istry,	The state of the s	
yer)	(Ouration)yrsmos	.ds.
ma	Secondary	
Titus While	(Signed) Ser C Coulbrie M.	.ds.
untry) Med	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE	***************************************
ME O - O ST. O	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDITAL, SUICIDAL, or HOMICIDAL.	EN-
Cyntha While	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)	TS,
untry) Mil	At place In the ot death yrs, mos ds. State yrs, mos	ds
UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?	TIT
sha I torsen	Former or	******
	usuai residence	
Manoy 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
9 0 (0	Library 10, 1913	3
1913 J. J. adam	20 UNDERTAKER ADDRESS	
REGISTRAR	awhifm monn	
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	_

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mis," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inapitlou," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tctanus) may be stated under the head of (Recommendations on statement of (secondary), 10 ds. Never report For VIO-



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A R GIN

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dinemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of tungs, meninges, peritonaeum, etc.. Carcinosts of tungs, meninges, peritonaeum, etc.. Carcinoscipalists

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of ... "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



Important.

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... 191.

V. S. No. 1.

PLACE OF DEATH 14295	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 260
Village or City Westover (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH October 21, 1913 (Month) (Day (Year)
8 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from October 1913, to Oct 2/, 1913, that I last saw har alive on Oct 2/, 1913.
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	(Duration)yrs mos 2 ds. Contributory Probably intestical **
(State or country) 10 NAME OF FATHER Prack Ofolicaore. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Wollie & Cannie.	(Signed) (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death?
(Informant) Headown, Md.	FORMER OF USUAL TESTINGUE DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

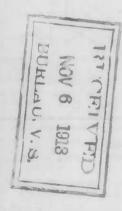
APDRESS

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuleausing neath, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and ehildren, not For many occupations a single word or term on the Statement of occupation-Precise statement of ocenpa-Spinner, thus: If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired (b) Cotton mill; (a) Salesman, 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the Insease eausing death in the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid phenmonia"); Lobar pheumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for ehildbirth or misearriage as "Puerperal septichacete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was nndertaken. For vio-Bronchopneumonia (seeondary), 10 ds. is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), Measics (disease eansing death); 29 ds.; (Recommendations on statement of "Dropsy," "Exhanstion," Never report



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County

Village

PLACE OF DEATH 14296	
Downset	109
or City Druces lime (No.	
FULL NAME Fullaton	Dolesson

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

.St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

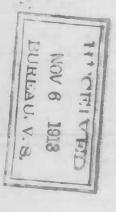
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased iro
D	(Month) (Day (Year)	Oct 124, 1913, to Oct 11, 1913 that I last saw have allive on Oct 11, 1913
AC	It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 73 °Q. r The CAUSE OF DEATH* was as follows:
(b) bus whi	Trade, profession, or ticular kind of work. General nature of industry, ness, or establishment in ch employed (or employer) RTHPLACE (State or country) Turd.	Contributory Secondary
2	10 NAME OF Collet Johnson 11 BIRTHPLACE OF FATHER Ned	(Signed) Class Policy M. (Signed) Address) Process Acres X
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 Addia	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLES CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death
	Interment)	It not at place of death? Former or usual residence
5 Fil	(Address). (Address) Charles Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. applies to each aud every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

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affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Can-"Contributory." iujury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichuectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) by carbolic acid-probably suicide. The nature of the dcut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of may be stated under the head (disease causing death), 29 ds.; "Dropsy," "Exhaustiou," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

Ounty Former 14297 Village or City Mondin (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
2 FULL NAME 9 Emy John	ison
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RAGE MARRIED, MIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Wille the word) 6 DATE OF BIRTH	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (May (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month Kunu (Month) (Day (Year) Tage (Month) (Day (Year) It LESS than 1 day,hrs. ORmin.?	that I last saw har alive on 1913 and that death occurred on the date stated above, at 1913 The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF C	Contributory orcus on Secondary (Ouration) yrs mos ds
TATHER Light thusan 11 BIRTHPLACE OF FATHER (State or county) 12 MAIDEN NAME OF MOTHER OF MOTHER (STATE OF MOTHER OF MOTHER)	(Signed) (Substitution of the Disease Causing Death, or, in deaths from Violence Causes, state (1) Means of Injury; and (2) whether Accidence Tal, Suicidal, or Homicidal
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ON RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Mhorion Med 16 Filed 10/18 1913 9. J. Addums REGISTRAR If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER APDRESS Translin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitiul nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligchildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of Never report



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N. B.

	1 PLACE OF DEATH 14298	STATE OF MARYLAND
	ounty Somerset	CERTIFICATE OF DEATH
Co	Junity	Registration Dist. No. 264
v	illage or City Farmount (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME altheanna lingu	ishes Johnson Jones, of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	4 COLOR OR RACE Single, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	18 DATE OF DEATH Oct. 31, 1913. (Month) (Day) (Year)
	(Write the word)	17 HEREBY GERTIFY, That I attended deceased from
B D	Nov. 28 ,1872	that I last saw her allye on Och 30 1913,
7 AC	(Month) (Day) (Year) If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 2 am.
	40 yrs. // mos. 3 ds. or min.?	The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or House wife ticular kind of work	ond I gh hard face
(b)	General nature of Industry,	f. J. Colonge of the Colon of t
	ness, or establishment in ch employed (or employer)	(Duration) yrs. — mos. ds.
9 BI	RTHPLACE (ate or country) Somerset Co Ma	Contributory (Secondary) (Duration) (Duration) yrs mos. ds.
	10 NAME OF James &, Johnson	(Signed) Eller Miles , M. D.
NTS	of Father (State or country)	*State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME Christiana Fontain	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) F. D. Jones	Former or usual residence
15	(Address) Up Fairmount Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	ed Nov 1st 1913 Mors 9, E. Dickerson	20 UNDERTAKER ADDRESS Dain A DUS

More blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as mine, etc. statement. the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons (d)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver round of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrperal scottichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemla," "Wcakness," thenia," 'Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.: affection need not be stated unless important. mant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. ture of the American Medical Association.) schsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably -Heart fallure," "Haemorrhage," "Inanition," "Maras Bronchopmcumonia (secondary). 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," _ (name origin; "Can-State cause for Examples: 0



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PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occurred in a hospital or institution. give Its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at 2,45 The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State _____ yrs. ____ mos. DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

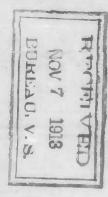
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-cesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name orlgin; "Caninjury, as fracture of skuli, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contienia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, death), 29 ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVED FOR BINDING MARGIN V. S. No.

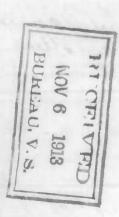
County Successful 14300	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mt Urro (No.	Registered No. St; Ward) [If death occurred in a hospital or institution give its NAME Instead
2 FULL NAME Alexander & to, of	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Macle 4 COLOR OR RACE 5 SINGLE, MARRIED, Surgle WIGOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17
DATE OF BIRTH Act 70, 1939 (Month) (Day) (Year)	that I last saw h Manallys on Wex 7 1913
AGE 7 Syrs	and that death occurred on the date stated above, at
COCCUPATION (a) Trade, profession, or particular kind of work	July July
(b) Deneral nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrsmosds.
BIRTHPLACE (State or country) Secure Co	(Secondary) (Dyration) (Dyration) (Dyration)
10 NAME OF Willyam Lloyd	(Signed) January
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL. SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death?
(Informant) Jeogy dlayd	Former or usual residence 1 Relace of Burial or Removal Date of Burial
6 Men C 2 1	Motorial of Hemoval Date of Burial 100 Green Line of 9 181 3 30 UNDERTAKER ADDRESS
Filed Co. 1913 Manh Local REGISTRAR	Dustice Tous Plum de
If more blanks are needed, address State Registrar, 6 E	. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illcated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.). For persons Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgleai operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Can death), 29 ds.;



PLACE OF DEATH 14301 STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No ... lif death occurred in St.:...Ward) a hospital or lostitution. RECORD give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE. 4 COLOR OF RACE MARRIED. WIDOWEO. BINDING (Month) (Day) (Year) OROIVORCEO I HEREBY CERTIFY. That I attended deceased from Exact 8 DATE OF BIRTH classified. Month (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? properly 8 OCCUPATION AGI (a) Trade, profession, or RESERVED particular kind of work. (b) General nature of Industry, pe business, or establishment in may which employed (or employer) -----certificate. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 80 of MARGIN 11 BIRTHPLACE terms. ARENT OF FATHER pinoda *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-CO 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Q. OR RECENT RESIDENTS 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. See Instri State yrs, mos, ds. Where was disease contracted. 14THE ABOVE If not at place of death?... of Former or Informant Item OF usual residence. CAUSE OF 16 20 UNDERTAKER ADDRESS 0 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purereral schichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Never report Examples:



STATE OF MARYLAND state CERTIFICATE OF DEATH should OCCUPATION IS Registration Dist. No. It death occurred in PHYSICIANS St.:....Ward) a hospital or institution. RECORD give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) (Year) ORDIVERCED (Write the word) ! HEREBY CERTIFY, That Lattended deceased from Exact stated 6 DATE OF BIRTH (Day) (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at pinous 1 day, hrs. The CAUSE OF DEATH * was as follows: properly AGE 6 OCCUPATION (a) Trade, protession, or particular kind of work Z supplied. (b) General nature of industry, business, or establishment in O which employed (or employer) UNFADIN Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF (Signed) FATHER to 20 pe back 11 BIRTHPLACE terms, ARENT OF FATHER should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. DR RECENT RESIDENTS) 13 BIRTHPLACE ڃ At place In the OF MOTHER of death yrs. mos. ds. State DEATH Where was disease contracted. If not at place of death? Former or CAUSE OF Item usual residence ACE OF BURIAL OR REMOVAL 16 20 UNDERTAKER ADDRESS E. REGISTRAP ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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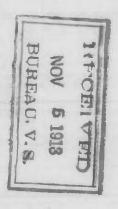
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[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of lifof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industy; and therefore an been changed or given np on account of the disease Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Aceidental drowning; Struck by railway train-acct such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerpenal schtichaeetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." 'Traemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. oma. Sarcoma. etc., of . "Collapse." "Coma," "Convuisions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. is iess definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senfle," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. .St.;.....Ward)

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 6 (Month) (Day (Year)
6 DA	(Month) (Day (Year)	that I last saw hsfive on
7 A G		and that death occurred on the date stated above, at
(a) par (b) busi	Trade, profession, or ticular kind of work	Dines of the Canada distance of Court o
9 81	RTHPLACE (State or country) Sommer Co.	Contributory Secondary (Duration) yrs mos ds.
NTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) I Junity (Moting activations), M. D. 16/3 , 1913 (Address) Pomero Omero
(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14 T	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	or RECENT RESIDENTS) At place in the of death yrs mos ds Where was disease contracted, If not at place of death?
15	(Address) Princiso Chin hul	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Town Ship Church 10 17, 1913.
File	ed 10/3 , 1913 J. Junil	20 UNDERTAKER ADDRESS Blown Burn aun

[If death occurred in

a hospital or institution, give its NAME Instead of street and number.]

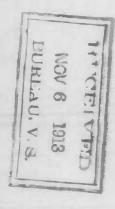
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) statement. it should be used only when needed. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: causing neath, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritongeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of The nature of the "Exhaustion," Never report For vio-



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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
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RECORD

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE	OF BIRTH (Month) (Day) (Year)	that I last saw hear alive on Oct 29 1913
7 AGE	tt LESS than 1 day,hrs. yrs mos ds. ORmin. ?	and that death occurred on the date stated above, at 7.30 A . m The CAUSE OF DEATH* was as follows:
(a) Trad	PATION e, protession, or ur kind of work	Enterlis
business,	eral nature of Industry, , or establishment in npioyed (or employer)	(Duration) yrsmos. 7 ds
9 BIRTH (State	or country) Somuest Co.	(Secondary) (Duration)
	NAME OF Charles J. Ruarb	(Signed) G. W. Gill M. D.
U 11 BIRTHPLACE OF FATHER (State or country) Singular		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	of Mother Edna E, Ruarle	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	BIRTHPLACE OF MOTHER State or country, Locus & sland	At place In the ot death yrs mos ds. State yrs mos ds
	mant, Millon A. Rusaul	Where was disease contracted, It not at place of death? Former or usual residence
15	(Address) Welfur Fairmount	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL War Jan 1913
Filed.	Oct 3/2. 1913 G. Dickinson REGISTRAR	20 UNDERTAKER ADDRESS
	ff more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of tunos, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from genital," mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrereal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned "Hart failure," "Haemorrbage," "Inanition," "Maras-The contributory (secondary or intercurrent) "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples:



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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2010 OCCUPATION It death occurred in a hospital or institution, give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX COLORORRACE MARRIED. WIDOWED, (Day) (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY That Lettended deceased from 6 DATE OF BIRTH classifled. (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, be business, or establishment in may which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Signed) OF FATHER (State or country) (Address) ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN. 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place to the OF MOTHER (State or country) ot death yrs. mos. _ ds. State Where was disease contracted. it not at place of death?-00 Former or Item usual residence. Every Item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR resteld If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Leaithfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. applies to each and every person, irrespective of age Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For vio-



RECORD PERMANENT BINDING FRV pino DEATH o OF Item

CERTIFICATE OF DEATH OCCUPATION Registration Dist. No. St .: Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, ORDIVERCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) certificate. 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) 90 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 0 CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. ____ mos. ... Where was disease contracted. 14 THE ABOVE IS KNOWAEDGE It not at place of death? Former or (Informant) usual residence. mportant. Every It 19 PLACE OF BURIACOR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

Ilf death occurred in

(Year)

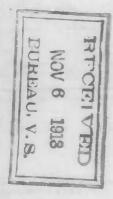
1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first liue will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to time and causation), using disease the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutess of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No.

MARGIN RESERVED FOR BINDING

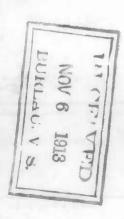
County County 14307	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mot Vermine Water Paurice Water	Registered No. [If death occurred a hospital or instituting give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rurale balared (Write the word)	16 DATE OF DEATH 3/ , 191 (Month) (Day) (Year)
DATE OF BIRTH (Month) (Day) (Year)	that I last saw Manalive on At 3 191
AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	(Duration) yrs mos (
BIRTHPLACE (State or country) Special C	Contributory (Secondary) (Duration) yrs. mos
FATHER William Males	(Signed) The Darrie M.
OF FATHER (State or country) France Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs
(Informant) Music Maley	Where was disease contracted, If not at place of death? Former or usual residence
(Address Russes Uses Ofto 2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191
Filed Nov 9 191 3 /192 / Cf	20 UNDERTAKER DORESS

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) such, if impossible to determine definitely. Examples: cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) lujury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal scottehaeetc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial penhitis. nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. The contributory (secondary or intercorrect) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head terminal conditions, such as "As-(name origin; "Can The nature of the death), 29 ds.; cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. S. No. 1.

VIIIage or City Upper Frammoul (No. 2FULL NAME Florie Water	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 264 St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Hemole Black Single, MARRIED, WIDDED, ORDIVERCED (Write the word) 8 DATE OF BIRTH TAGE 4 COLOR OR RACE Single, MARRIED, WIDDED, ORDIVERCED (Write the word) 4 COLOR OR RACE Single, MARRIED, WIDDED, ORDIVERCED (Write the word) 4 COLOR OR RACE Single, MARRIED, WIDDED, WIDDED, ORDIVERCED (Write the word) 4 COLOR OR RACE Single, MARRIED, WIDDED, WIDD	16 DATE OF DEATH (Month) (Day) (Year) 17 September 1913, to 1913, that I last saw held alive on 1913, that saw held alive on 1913, that I last saw held alive on 1913, that saw held alive on 1913, that saw held alive on 1913, that saw h
SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) Contributory (Secondary)
10 NAME OF FATHER John W. Waters 11 BIRTHPLACE OF FATHER (State or country) Fourmount M. 12 MAIDEN NAME OF MOTHER PLACE Waters	(Signed) (Duration) yrs. mos. ds. (Signed) (Address) (Miller Accordance) (Signed) (
13 BIRTHPLACE OF MOTHER (State or country) FOUR MOUNTS MAN A CONTROL OF MY KNOWLEDGE (Informant) A CONTROL OF MY KNOWLEDGE (Informant) A CONTROL OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address). 15 Filed Oct 6 4, 1913 La Diekinson REGISTRAR If prove blanks are needed, address State Regis trar, 6	DATE OF BURIAL OR REMOVAL Contemnal Churck 4d Oct 6 , 1913 20 UNDERTAKER WILSON ADDRESS I DEFENDENT WILSON OF FROM MANUEL E. Franklin St., Balton, Requesting V. 8, No. 1

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). causing peate, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the dibease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Purreman scotichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of injury, as fracture of skull, and consequences (e. g., "Collapsc." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds. "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (secondary or intercurrent (name origin; "Can-State cause for Examples: 2



RECORD statement PERMANENT BINDING Exact classified. 4 pe S 0 no ESERVED INK supplied UNFADING ARGIN should PLAINLY ormation WRITE PO Hem E OF

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state Very CERTIFICATE OF DEATH County Jones should is PHYSICIANS shou Registration Dist. N It death occurred in .Ward) a hospital or institution, give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OF RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDDWED, (Month) (Year) (Day Write the word HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH 1913 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? properly BOCCUPATION (a) Trade, protession, or particular kind of work. pe (b) General nature of industry. business, or establishment in may which employed (or employer) carefully sup that it ma f certificate. 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 20 D terms, on back PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 2 13 BIRTHPLACE At place in the OF MOTHER EATH (State or country) of death yrs. mos. ds. State yrs. _ Where was disease contracted. See if not at place of death? Former or Every Item CAUSE OF Important. usual residence (Address) 15 20 UNDERTAKER REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

14309

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

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